

The Presbyterian Church of West Salem

625 W Franklin St
PO Box 861
West Salem, WI 54669

Expense Voucher

Date _____

Please pay to _____

Item	Account #	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	Total	_____

Signature _____

Attach invoices and submit to secretary for payment.

Treasurer: Return form to Finance Committee